State of Virginia

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		VA0004	B. WING		C <b>12/13/2016</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	ATE, ZIP CODE		
APPOMA <sup>*</sup>	ITOX HEALTH AND REF	IABILITATON CENTE	GREEN AVE TOX, VA 2452	2		
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F 000	Initial Comments		F 000			
	Inspection was conditional 12/13/16. Corrections with the Virginia Rule Licensure of Nursing Code survey/report volume The census in this 60 at the time of the surconsisted of 20 curre (Residents #1 through	certified bed facility was 58 cy. The survey sample				
F 001	Non Compliance		F 001		1/17/17	
	following state licens					
	This RULE: is not m 12VAC5-371-220(H)	et as evidenced by:  Cross reference to F-157.		12VAC5-371-220(H). Cross reference	e to	
	Code of Virginia 32.1 to F-164.	-138(A)(10). Cross refernce		LPN #1 was addressed and eduction     immediately while surveyors were ons		
	12VAC5-371-370(A).	Cross referenced to F-252.		related to necessity of notifying physic of change of condition promptly.		
	12VAC5-371-250(G)	12VAC5-371-250(G). Cross reference to F-279.		2. An audit will be performed for any unplanned discharges within the last	<b>y</b>	
	12VAC5-371-210(A)( F-280	(3). Cross reference to		month to ensure physician was notifie promptly of any change of condition.  3. All licensed staff will be educated		
	12VAC5-371-200(B)( F-281	(1)(ii). Cross reference to		the Staff Development Coordinator or designee about prompt physician notification of change of condition.		
		Cross reference to F-309.		Director of Nursing or designee we review all unplanned discharges to the	e	
	12VAC5-371-220(C) F-314.	(1). Cross reference to		hospital to ensure any change of cond was notified to the physician in a pron		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Electronically Signed

01/02/17

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		0
		VA0004	B. WING		C 12/13/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE	
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F 001	Continued From page	÷ 1	F 001		
		Cross reference to F-329.  Cross reference to F-333.		manner. 5. Any discrepancies will be brought the QA committee and addressed as needed.	t to
		Cross reference to F-441.		Code of Virginia 32.1-138(A)(10). Cross reference to F-164	ss
	12 VAC 5-371-260(D) F-498.	. Cross references to		RN #4 was addressed and educa immediately after the error was identif	
	12VAC5-371-360(A).	Cross referenced to F-514.		for failing to provide personal privacy to resident #13 during the medication administration observation, while surveyors were onsite. Resident # 15 longer a resident in the facility.  2. An audit will be conducted to ider any current resident with a medication patch to ensure personal privacy is be maintained while removing and applyinew patch.  3. All licensed staff will be in-service ensuring appropriate personal privacy during removal and replacement of medication patches.  4. A medication pass observation with completed for identified residents with medication patches by the Staff Development Coordinator or designed a weekly basis for twelve weeks.  5. Any discrepancies will be brought the QA committee and addressed as needed.  12VAC5-371-370(A). Cross reference F-252  1. Two of two shower rooms were	is no itify ing ing a id on If be
				addressed immediately while surveyor were onsite. Brown substance was removed from handrails and shower	rs

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F 001	Continued From page	÷ 2	F 001	curtain rod in shower room A. The verboth shower rooms were cleaned and repainted and the thresholds at both shower room entrances were cleaned 2. Both shower rooms were audited problems were identified while survey were onsite. All areas that could be addressed immediately were done so that time.  3. The ceiling tiles/tracts in shower A will be painted. The shower rooms be cleaned in their entirety daily.  4. The shower rooms will be inspect by the Housekeeping Director or design on a weekly basis for twelve weeks.  5. Any discrepancies will be brough the QA committee and addressed as needed.  12VAC5-371-250(G). Cross reference F-279  1. Careplans for residents #9, #5, # and #1 were added for indicated CAA triggers.  2. An audit will be completed for all current residents to ensure that all CA triggers are careplanned appropriately.  3. MDS coordinator will be inservice transferring all CAA triggers to the careplan when doing MDS reviews.  4. CAA triggers will be compared to careplans for accuracy to ensure all CA triggers were added to the careplan appropriately. This will be completed five residents three times a week for twelve weeks.  5. Any discrepancies will be brough the QA committee and addressed as needed.	and ors at room will led gnee to to leto leto leto leto leto leto l

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		
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F 001	Continued From page	3	F 001		
				12VAC5-371-210(A)(3). Cross reference to F-280  1. Careplans for resident #8 and #4 accurately updated to reflect identified and pressure ulcer preventions. 2. An audit will be completed of all from the previous month to ensure careplans were updated appropriately audit will be completed of all residents heels up in use currently for pressure prevention to ensure careplan reflects of intervention. 3. All licensed staff will be inservice the Staff Development Coordinator or designee on appropriate and timely updating of the careplan for falls and pressure ulcer prevention. 4. All careplans of residents who has experienced falls will be reviewed the following business day to ensure appropriate updates have occurred. A careplans of residents with new pressulcers will be reviewed the following business day to ensure appropriate updates have occurred. This will be completed daily, five times a week for twelve weeks. 5. Any discrepancies will be brough the QA committee and addressed as needed.  12VAC5-371-200(B)(1)(ii). Cross reference to F-281  1. LPN #1 was addressed immedia regarding accurate documentation related to change of condition and assessment performed, while surveyors were onsigned.	were d falls falls  /. An s with ulcer s use d by  ave  All sure  tely lated ints

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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(Y4) ID	SLIMMARY ST	APPOWAT	IDX, VA 2452	PROVIDER'S PLAN OF CORRECTION	V (X5)			
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F 001	Continued From page	e 4	F 001	Order for renal panel for resident #2 w	/26			
	F 001 Continued From page 4			Order for renal panel for resident #2 w discontinued immediately. Resident # is no longer a resident in the facility.  2. An audit will be completed of all unplanned discharges to the hospital ensure all assessments have been charted appropriately in the medical record. An audit will be completed of a labs to ensure that all active orders arentered appropriately and are to be obtained as ordered.  3. All licensed staff will be inserviced appropriate charting in the medical record any performed assessments, as we discontinuing labs that are no longer ordered from the electronic system.  4. Charts will be reviewed on all residents who are discharged to the hospital to ensure assessments that we performed are documented appropriating the medical record. Electronic medial record will be checked daily to ensure active lab orders are appropriate and accurately transcribed and any labs the	to to all e d on cord ell as			
				have been ordered discontinued are r longer in as active orders.  5. Any discrepancies will be brough the QA committee and addressed as needed.	10			
				12VAC5-371-220(B). Cross reference F-309	to			
				1. The order for protime INR was obtained while surveyors were onsite residents #17, #4, #6, and #19 and was obtained by Vista labs to identify curre value, a therapeutic range was identified by the medical director and new order were obtained and followed through.	ent ed			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 001	Continued From page	ge 5	F 001	Careplans were updated appropriated Webb was notified immediately of ext dosage given of Coumadin on 9/16/1 resident #17. No new orders were obtained. Resident #17 is currently receiving her medication appropriatel ordered. Resident #1 was assessed nursing immediately while surveyors onsite and did not report any pain or request any pain medication at that ti  2. A complete audit of the facility was performed to identify all residents who currently receiving Coumadin therapy ensure a therapeutic reference range identified in the careplan. If a therape reference range is not currently ident medical director was called to clarify, telephone order was obtained, and caplan was updated accordingly. A comaudit of identified residents protime was completed to ensure all residents have current therapeutic protime INR values, at least within 7 days prior to survey date. All residents identified a having a current therapeutic protime by medical director had an additional protime INR obtained immediately via Vista labs, which was phoned to the medical director to obtain any necess new orders regarding Coumadin them If any resident refuses, medical staff be notified and any new orders will be followed through accordingly. An aud be conducted of the facility to identify residents in the last month who have complained of pain when attempting dressing changes, per nursing notes, identify if appropriate pain medication offered.	tra 6 on  y, as by were  me. as o are y to e is eutic iffed, are applete logs s s s not INR a sary appy. will e it will any

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F 001 Continued From page	6		F 001		
				3. All licensed and medical staff was educated by the Director of Nursing of licensed designee on appropriate monitoring of protime INRs and management of Coumadin therapy to include; clarification of the therapeutic reference range of protime INR on the careplan, transcribing the protime INR ordered to the lab log to be obtained by Vista lab, transcribing the lab order for protime INR to electronic MAR, ensuring results are returned from Vista lab and documented on the lab log, accurate of entry of protime INR labs into the electronic MAR, accurate documentat of results placed on the protime INR load accurate order entry of any new orders regarding Coumadin therapy for those labs. They were also educated proper steps to follow if a resident refunctify the medical staff and follow throwith any orders accordingly. All licens staff will be educated by the Staff Development Coordinator or designee offer as needed pain medication prior dressing change if the resident expression.  4. All new protime INR orders, proting INR logs, careplans, lab logs, and electronic MARs will be reviewed by the Director of Nursing or licensed design to ensure proper clarification of the therapeutic reference range is specificated that all orders for protime INRs have to obtained as ordered via Vista labs and documented in the protime INR log as as the lab log, that they have been ph	c e e e e e e e e e e e e e e e e e e e

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F 001	Continued From page	7	F 001	all new orders regarding Coumadin therapy have been accurately logged the protime INR log, as well as transcr accurately into the electronic MAR. An refusals will be identified with these reviews and will be audited to ensure medical staff was notified and any corresponding orders were followed through appropriately. This will be don daily five times a week for 12 weeks, t continued daily as a routine basis. All nurses notes will be reviewed to ider if a resident has complained of pain propriately or during a dressing change to ensuappropriate pain medication has been offered. This will be done on a daily be for 12 weeks.  5. Any discrepancies will be brought the QA committee and addressed as needed.  12VAC5-371-220(C)(1). Cross referent to F-314  1. Bilateral heel protectors (heels uppillow) was applied to resident #4 whill bed while surveyors were onsite, show were removed. An order was added to electronic treatment record for license staff to visualize and sign off to validat use, as well as added to the careplan attached to Kardex for the certified nurse sassistant to visualize and sign to validate its use.  2. An audit will be completed of facili identify any resident who has orders for heels up while in bed to ensure this intervention is attached to the kardex of the certified nurse assistant to visualize and sign to validate its use.	ribed by the e hen htify rior ure asis to ce e in es o the d e and n off ity to or for			

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F 001  Continued From page 8  F 001  and sign off to validate it is in place, and has an active order in the electronic treatment record for licenses daff to sign off to validate it is in place.  3. All nursing staff will be educated by the Staff Development Coordinator or designee on appropriate process to heels up heel protectors; order will be place in the electronic treatment record by the licensed staff to sign off for validation of its use, and attached to kardex for certified nurse: s assistant to visualize and sign off to validate It.s use.  4. All identified residents using heels up heel protectors will be visualized every day by Director of Nursing or designee to ensure the intervention is in place. Electronic treatment records and Kardex will be reviewed to ensure licensed staff and certified nursing assistants are signing off, validating it.s use.  5. Any discrepancies will be brought to the QA committee and addressed as needed.  12VAC5-371-220(A). Cross reference to F-329  1. The order for protime INR was obtained while surveyors were onsite for residents #6, #19, #17, and #4 and was obtained by Vist alba to identify current value, a therapeutic range was identified by the medical direct and new orders were obtained and followed through. Careplans were updated appropriately. Dr. Webb was notified immediately of extra dosage given of Coumadin on 9/16/16 on resident #17. No new orders were		

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F 001	Continued From page	9	F 001		
				receiving her medication appropriately ordered. Non-pharmacological interventions for anxiety management currently being offered and documents prior to administration of PRN anti-anximedication for resident #4.  2. A complete audit of the facility was performed to identify all residents who currently receiving Coumadin therapy ensure a therapeutic reference range identified in the careplan. If a therapeutiference range is not currently identified medical director was called to clarify, telephone order was obtained, and caplan was updated accordingly. A compaudit of identified residents protime I was completed to ensure all residents have current therapeutic protime INR values, at least within 7 days prior to survey date. All residents identified as having a current therapeutic protime II by medical director had an additional protime INR obtained immediately via Vista labs, which was phoned to the medical director to obtain any necessaries orders regarding Coumadin thera If any resident refuses, medical staff who have the medical staff of the medical director to obtain any necessaries orders regarding Coumadin thera If any resident refuses, medical staff who have provious 2 weeks to confirm if non-pharmacological interventions are being offered and documented prior to administration of anti-anxiety medication.  3. All licensed and medical staff was advented by the Director of Nursing or designed and medical staff was advented by the Director of Nursing or designed and medical staff was advented by the Director of Nursing or designed and medical staff was advented by the Director of Nursing or designed and medical staff was advented by the Director of Nursing or designed and medical staff was advented by the Director of Nursing or designed and medical staff was advented by the Director of Nursing or designed and medical staff was advented by the Director of Nursing or designed and medical staff was advented by the Director of Nursing or designed and medical staff was advented by the Director of Nursing or designe	are ed ciety  s are to is is utic ied, re olete ogs  not NR  ary py. vill of PRN for e on.
				educated by the Director of Nursing or licensed designee on appropriate	

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F 001 Continued From page	10	F 001	monitoring of protime INRs and management of Coumadin therapy to include; clarification of the therapeut reference range of protime INR on the careplan, transcribing the protime INI ordered to the lab log to be obtained Vista lab, transcribing the lab order for protime INR to electronic MAR, ensuresults are returned from Vista lab are documented on the lab log, accurate entry of protime INR labs into the electronic MAR, accurate documentate of results placed on the protime INR and accurate order entry of any new orders regarding Coumadin therapy those labs. They were also educated proper steps to follow if a resident remotify the medical staff and follow through the medical staff and electronic MARs will be reviewed by Director of Nursing or licensed design to ensure proper clarification of the therapeutic reference range is specificated as ordered via Vista labs and documented in the protime INR log as as the lab log, that they have been plut to the appropriate medical staff, and all new orders regarding Coumadin therapy have been accurately logged.	ic e R as by or ring and order stion log, from on fuses; ough e will string cal ement sty ime the nee ied, been and s well shoned that

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTI AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 001	Continued From page	<b>÷</b> 11	F 001	the protime INR log, as well as transci	ribed
				accurately into the electronic MAR. Ar refusals will be identified with these reviews and will be audited to ensure	
				medical staff was notified and any	
				corresponding orders were followed through appropriately. This will be dor	10
				daily five times a week for 12 weeks, t	
				continued daily as a routine basis. All nurses□ notes will be reviewed to ide	ntify
				if a resident has complained of pain pi	·
				to or during a dressing change to ensu appropriate pain medication has been	
				offered. This will be done on a daily ba	
				for 12 weeks. Director of Nursing or designee will audit PRN anti-anxiety	
				medications administered daily, five til	mes
				a week for twelve weeks to ensure non-pharmacological interventions we	ro
				offered and documented prior to	ie
				administering PRN anti-anxiety medication.	
				5. Any discrepancies will be brought the QA committee and addressed as needed.	to
				12VAC5-371-220(B). Cross reference F-333	to
				The order for protime INR was obtained while surveyors were onsite	for
				residents #6, #19, #17 and was obtain	ied
				by Vista labs to identify current value, therapeutic range was identified by the	
				medical director and new orders were	
				obtained and followed through. Carep	
				were updated appropriately. Dr. Web was notified immediately of extra dosa	
				given of Coumadin on 9/16/16 on resign	

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F 001	Continued From page	÷ 12	F 001	#17. No new orders were obtained. Resident #17 is currently receiving he medication appropriately, as ordered.  2. A complete audit of the facility was performed to identify all residents who currently receiving Coumadin therapy ensure a therapeutic reference range identified in the careplan. If a therapeut reference range is not currently identificated in the careplan. If a therapeut reference range is not currently identificated director was called to clarify, telephone order was obtained, and caplan was updated accordingly. A compaudit of identified residents protime I was completed to ensure all residents have current therapeutic protime INR values, at least within 7 days prior to survey date. All residents identified as having a current therapeutic protime II by medical director had an additional protime INR obtained immediately via Vista labs, which was phoned to the medical director to obtain any necessanew orders regarding Coumadin theral If any resident refuses, medical staff was educated by the Director of Nursing or licensed designee on appropriate monitoring of protime INRs and management of Coumadin therapy to include; clarification of the therapeutic reference range of protime INR on the careplan, transcribing the protime INR ordered to the lab log to be obtained by Vista lab, transcribing the lab order for	s are to is utic fied, re plete ogs not NR ary ppy. will	
				ordered to the lab log to be obtained b	by -	

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					С	
		VA0004	B. WING		12/13/2016	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
APPOMA	TTOX HEALTH AND REI	HABILITATON CENTE	RGREEN AVE ATTOX, VA 2452	22		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
F 001	Continued From page	e 13	F 001	results are returned from Vista lab and documented on the lab log, accurate entry of protime INR labs into the electronic MAR, accurate documentat of results placed on the protime INR land accurate order entry of any new orders regarding Coumadin therapy from those labs. They will also be educated proper steps to follow if a resident refunctify the medical staff and follow throwith any orders accordingly.  4. All new protime INR orders, proting INR logs, careplans, lab logs, and electronic MARs will be reviewed by the Director of Nursing or licensed design to ensure proper clarification of the therapeutic reference range is specificated that all orders for protime INRs have the obtained as ordered via Vista labs and documented in the protime INR log as as the lab log, that they have been phound to the appropriate medical staff, and the all new orders regarding Coumading therapy have been accurately logged the protime INR log, as well as transc accurately into the electronic MAR. And refusals will be identified with these reviews and will be audited to ensure medical staff was notified and any corresponding orders were followed through appropriately. This will be dorn daily five times a week for 12 weeks, continued daily as a routine basis.  5. Any discrepancies will be brough the QA committee and addressed as needed.  12VAC5-371-180(A). Cross referenced	order tion og, rom d on uses; ough me he he ee ed, oeen d s well oned hat in ribed ny the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		VA0004	B. WING		C <b>12/13/2016</b>		
	ROVIDER OR SUPPLIER	STF ABILITATON CENTE	REET ADDRESS, CITY, ST. 5 EVERGREEN AVE POMATTOX, VA 2452	DRESS, CITY, STATE, ZIP CODE  GREEN AVE			
(X4) ID PREFIX TAG	D SUMMARY STATEMENT OF DEFICIENCIES IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	ON SHOULD BE COMPLETE HE APPROPRIATE DATE		
F 001	Continued From page	÷ 14	F 001	<ol> <li>RN #4 was addressed and educatimmediately while surveyors were onson proper infection control policies an procedures with medication administration.</li> <li>A medication pass observation we completed on all licensed staff to ensure proper infection control practices are followed appropriately.</li> <li>All licensed staff will be educated the Staff Development Coordinator or designee or appropriate infection continuities will be conducting a medication pass.</li> <li>Staff Development Coordinator or designee will perform a medication passestaff weekly for twelve weeks.</li> <li>Any discrepancies will be brough the QA committee and addressed as needed.</li> <li>VAC 5-371-260(D). Cross reference to F-498</li> <li>Competency evaluations were infor 16 of 22 certified nursing assistant while surveyors were onsite.</li> <li>An audit will be performed of all current certified nursing assistants for to ensure competency evaluations are complete.</li> <li>Staff Development Coordinator or designee will ensure all initiated competency evaluations are completed.</li> <li>Staff Development Coordinator or designee and Human Resources Marwill ensure all new hire certified nursing assistants competency evaluations are saistants competency evaluations are completed.</li> </ol>	site d ill be ure by trol r ass d t to es itiated s illes e r ad r aager ag		

A BUILDING:  VA0004  B. WING  DENTIFICATION NUMBER:  A BUILDING:  B. WING  A BUILDING:  COMPLETED  C 12/13/2016  NAME OF PROVIDER OR SUPPLIER  APPOMATTOX HEALTH AND REHABILITATON CENTE  APPOMATTOX, VA 24522  [X4) ID PREFIX TAG  [EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  FOUL Continued From page 15  F 001  Completed. 5. Any discrepancies will be brought to the QA committee and addressed as needed.  12VAC5-371-360(A). Cross referenced to F-514	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
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<ol> <li>LPN #1 was addressed and educated immediately while surveyors were onsite related to necessity of charting all performed assessments in resident scilinical records. Resident #15 is no longer a resident in the facility.</li> <li>An audit will be performed for any unplanned discharges within the last month to ensure proper assessments were documented appropriately in the medical record.</li> <li>All licensed staff will be educated by the Staff Development Coordinator or designee about appropriate documentation in the medical record or any performed assessments.</li> <li>Director of Nursing or designee will review all unplanned discharges to the hospital to ensure any performed assessments are documented appropriately in the medical record.</li> <li>Any discrepancies will be brought to the QA committee and addressed as needed.</li> </ol>	F 001	Continued From page	€ 15	F 001	<ul> <li>5. Any discrepancies will be brought the QA committee and addressed as needed.</li> <li>12VAC5-371-360(A). Cross reference F-514</li> <li>1. LPN #1 was addressed and eductimmediately while surveyors were ons related to necessity of charting all performed assessments in resident solinical records. Resident # 15 is no longer a resident in the facility.</li> <li>2. An audit will be performed for any unplanned discharges within the last month to ensure proper assessments were documented appropriately in the medical record.</li> <li>3. All licensed staff will be educated the Staff Development Coordinator or designee about appropriate documentation in the medical record of any performed assessments.</li> <li>4. Director of Nursing or designee we review all unplanned discharges to the hospital to ensure any performed assessments are documented appropriately in the medical record.</li> <li>5. Any discrepancies will be brought the QA committee and addressed as</li> </ul>	d to ated ated by or will		